

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/12/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155446</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>10/11/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>COVINGTON MANOR HEALTH AND REHABILITATION CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>5700 WILKIE DR</b> <b>FORT WAYNE, IN 46804</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	<p>INITIAL COMMENTS</p> <p>Surveyor: 29081 Paper Compliance to the Investigation of Complaints IN00208789, IN00208868, and IN00209204 completed on September 7, 2016.</p> <p>Review Date: October 11, 2016</p> <p>Facility Number: 000476 Provider Number: 155446 AIM Number: 100290870</p> <p>Completed on October 11, 2016 by 29081</p> <p>Covington Manor Health and Rehabilitation Cener was found to be in compliance with 42CFR Part 483, Subpart B and 410 IAC 16.2-3.1, inregard to the paper compliacnereview to the Investigation of Complaints IN00208789, IN00208868, and IN00209204.</p> <p>Surveyor: 29081</p>			{F 000}			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.